

USE THIS FORM FOR ALL ENTRIES EXCEPT CRAFTS

THE CLEVELAND MUSEUM OF ART

FORTY-NINTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE

MAY 3 to JUNE 18, 1967

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____

Address 5215 HAUERFORD DR., LYNDHURST
NO. STREET CITYArtist DOUGLAS
FIRST NAME44124 DOUGLAS
ZIP CODE COUNTYCOFFEY
LAST NAMETel. 449-0021Born in Cleveland YES NOEntered Previous May Shows? YES NOOut-of-town residents should state whether return shipment is required. YES NO

Please bring Registration Fee of \$2.00 (Cash or Check) with your entries.

CLASS <u>1</u>	MEDIUM <u>ACRYLICS</u>		CLASS <u>1</u>	MEDIUM <u>ACRYLIC</u>		CLASS <u>1</u>	MEDIUM <u>ACRYLIC</u>	
TITLE <u>TREESCAPE</u>			TITLE <u>STILL LIFE WITH BOTTLE #5</u>			TITLE <u>JULYSCAPE</u>		
DESCRIPTION OF OBJECT <u>PAINTING</u>			DESCRIPTION OF OBJECT <u>PAINTING</u>			DESCRIPTION OF OBJECT <u>PAINTING</u>		
NUMBER FOR SALE <u>1</u>	NUMBER IN EDITION (GRAPHIC PRTS.)	PRICE <u>\$200.00</u>	NUMBER FOR SALE <u>1</u>	NUMBER IN EDITION (GRAPHIC PRTS.)	PRICE <u>\$150.00</u>	NUMBER FOR SALE	NUMBER IN EDITION (GRAPHIC PRTS.)	PRICE <u>\$400.00</u>
Artist <u>DOUGLAS</u> FIRST NAME	<u>COFFEY</u> LAST NAME		Artist <u>DOUGLAS</u> FIRST NAME	<u>COFFEY</u> LAST NAME		Artist <u>DOUGLAS</u> FIRST NAME	<u>COFFEY</u> LAST NAME	
<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> ACCEPTED </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input type="checkbox"/> REJECTED </div> </div> <u>1057</u>			<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input type="checkbox"/> ACCEPTED </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input checked="" type="checkbox"/> REJECTED </div> </div> <u>1058</u>			<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input type="checkbox"/> ACCEPTED </div> <div style="border: 1px solid black; padding: 2px; text-align: center;"> <input type="checkbox"/> REJECTED </div> </div> <u>1059</u>		
DO NOT WRITE IN THIS SECTION								

This entry blank must be fully made out (typewritten or plainly lettered for catalog purposes) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1967.

It is also understood that accepted entries will remain on exhibition until June 18 1967.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Douglas R. Coffey
SIGNATURE

RETURN DATES FOR OBJECTS - Monday through Saturday 9 a.m. - 4:45 p.m. at Museum Service Entrance

SUBMIT ENTRIES WITH ENTRY BLANK AND
FEE MARCH 11 THROUGH MARCH 18, 1967.

Submit one entry blank in triplicate per person. One copy, complete with juror's marks, will be returned to you as notification of acceptance or rejection. THIS COPY IS YOUR ONLY RECEIPT TO CLAIM YOUR ENTRIES. Do not lose it. This form in duplicate is made up of N C R paper which does not require carbon.

REJECTED: May 6 - May 20

ACCEPTED: June 23 - July 8